Surveyor Guide and Information Gathering Process

The purpose of conducting transition monitors is to determine if the new provider has identified the individual's needs; has developed and is implementing strategies and supports to meet the individual needs; and if systems are in place to monitor, evaluate and modify supports for the individual as needed. To ensure that the transition is effective in promoting health, safety and well-being for the individual, the surveyor will review the existing individual support and transition plans and assist the team in identifying unmet risks and supports needed. The transition monitoring tool consists of seven risk domains that the surveyor will evaluate to determine if necessary systems and supports are in place and being implemented to address or minimize risks to the individual within each domain. The monitoring process consists of focused conversations with the individual and staff, spending time with the people and document review.

Each risk domain is defined by stating supports, processes and practices that are needed in order for outcomes to be met for the individual within that domain and is related to the success of their transition. Each risk domain has a number of indicators that come from CQL's Basic Assurances® and are used to set expectations for that domain. Under each indicator are "probes" designed to assist the surveyor in determining whether the indicator is met, not met, or if progress is being made toward "achieving" an indicator. Following probes and indicators are suggested information strategies. Information strategies are not meant to be used as a rigid process, but rather as a framework for the surveyor in their decision making.

The Individual Lives in a Safe Environment

The provider has adapted the new environment(s) so that they are consistent with the needs identified in the individual's risk plan, transition plan, and or ISP. The individual's living environments are safe, sanitary and free of avoidable hazards. The environments meet all applicable health and safety standards. The individual's needed safety supports are identified and provided. Staff and the individual who receives supports are trained in the individual's safety and emergency procedures.

Indicators	Spending Time With People	Conversations With People	Review of Documents
 A. The individual has safety supports. Supporting Regulations: 6-9-4; 6-9-5; 6-28-1; 6-28-2; 6-29-7; 7-5-8; 6-29-2; 6-29-4; Probes: Has the individual's ability to be safe in their new environments been assessed? Does the assessment look at the individual's ability to: a. be safe in the kitchen b. use cleaning supplies c. adjust hot water d. respond in the event of fire or severe weather e. call for help f. manage other safety concerns 	 When spending time with the individual note any situations in the environment that may be unsafe. Look for any risk issues in the following areas: Environmental Safety Home Exterior Yard Neighborhood Garage Location Home Interior Walls Doors Windows Sanitation 	 Conversation with the individual: Do you feel safe in your home? At work? In your neighborhood? If the individual has limited communication skills, then ask the staff how they might know if the individual feels safe. What kinds of supports do you need to feel safer? What would you do if there was a fire, tornado? If an alarm sounds, do you know what to do? Has anyone ever taught you where to go in an emergency? Is there anything you don't do in your house because you are 	 Look at the individual's transition plan, ISP, risk plan, or related documents to environmental assessments to identify safety issues and supports. Are the individual's safety supports being provided? Are any specific environmental supports (e.g. non-slip flooring, visual or vibrating fire alarms) needed by the individual, (as identified in the assessment) and if so are they present? Review staff training records related to individual safety supports.

4.	specific to the individual or the particular environment Are assessment results, including supports needed to be safe at home, in his/her community and at work, documented in the individual's transition, risk and/or support plan? Is the individual provided needed safety supports? Does the individual receive supports only to the extent needed?	Evacuation Plans Vermin/insect Smoke Detectors Water temps Storage Food Quantity Check for any aids for emergency evacuation, i.e., blinking lights, working alarms, designated evacuation locations, any responses to evacuation.	 afraid you would get hurt if you did it? Since your move, have you been injured? Conversation with staff: Ask staff about their training specific to the individual. Do they know the individual's safety and emergency procedures? If an assessment has not been completed, ask as many staff as possible, including the Case Manager what they know about the individual's safety needs. Are you aware of any safety concerns the individual has? What safety supports is the individual provided at home, work, community? 	Review incident reports since the individual's move.
В.	The individual's physical environment	Notice if any design	Conversation with staff:	Check fire extinguisher for up-
	promotes health, safety and	modifications that have been	Have any design modifications	to-date documented checks.
	independence.	made to support the individual.	been made to support the	Review any documents related
		Determine if the individual	individual, or does the	to safety inspections of the
	Supporting Regulations: 6-29-1; 6-29-2;	does need any design	individual need any design	environment.
	6-29-3; 6-29-4;	modifications for accessibility,	modification for accessibility,	Check work orders or
Prob		safety or independence.	safety, independence?	contractor receipts for
1.	Do all buildings comply with applicable	Is the area at an appropriate	Does anyone provide visual	environmental modifications

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fire and safety codes?

- 2. Does the individual's living area contain a working smoke detector(s)?
 - a. Is it tested monthly?
 - b. Is it located in an appropriate areas?
- 3. Do the physical spaces and places where the individual lives and works comply with applicable environmental codes (for example, are they free of lead paint, radon, mercury and asbestos)?
- 4. Are sanitary practices implemented to avoid sources and transmission of infections?
- 5. Does the individual's living area conform to the specifications of their transition plan and or ISP?

 a. Have design modifications as specified in the individual's support plan been made to facilitate accessibility and safety?
- 6. If indicated in the individual's transition, risk plan and/or ISP, does the individual's living area contain operable anti-scald devices?
- 7. Do environments have proper ventilation so that the air quality is safe?
- 8. Do heating and cooling systems maintain temperature and humidity in a comfortable range?

- temperature for the weather?
- Does the individual have access to the thermostat or is it locked?
- If it is locked, does staff have access to it, or do they have to call an administrator or supervisor off site to come and change it?
- Are there smoke detectors?
- Are there anti-scald devices present
- Is the water temperature no higher than 110 Fahrenheit?
- Is there evidence that the alarms (detectors) have been checked and are in working order?
- Are sanitary practices used when preparing food and providing assistance to the individual?
- Is the home reasonably clean? No overflowing garbage, carpet may be worn, but should not be dirty or have worn spots; kitchen area should be free of dirt and vermin; floor should be clean.
- Ask the individual to see

- safety inspections in the home on a periodic basis?
- How often are fire drills conducted?
- How does the individual do during emergency drills?
- Does the individual require specialized equipment or for emergencies drills and evacuations?
- Ask the staff if there are any outstanding work orders related to health or safety.
- How long have they been waiting?
- How are sanitation and safety concerns reported?
- Are pieces of broken or worn out furniture removed from the house immediately?

- that match the requirements in the individual's ISP.
- Review documents related to safety information (i.e. work orders, log books or policies).

 9. Is the individual's living and work environment sanitary and free of safety hazards? 10. Is there a system for reporting and responding to environmental hazards? 11. Are sanitation problems and safety concerns corrected in a timely and appropriate manner? 	his/her bedroom. It should be free of unpleasant odors and obvious hazards (e.g. broken items, used food containers, exposed wiring etc) (dust, small items on the floor or unmade beds are not of concern). Check laundry rooms and dryer filters to ensure that lint build-up is being removed. Check to see if dirty laundry is being stored in the same room as clean laundry. Look for evidences of faulty water systems, sewer or septic systems, electrical systems, clogged drains, water damage, guttering, trash or debris around the house or work place, broken furniture and unsafe vehicles used by the individual.		
C. The provider has an emergency plan to promote the individual's safety during an emergency Supporting Regulations:6-9-4; 6-9-5; 6-14-4; 6-16-3; 6-17-3; 6-29-2; 6-29-4; 6-29-5; 6-29-6; 6-29-7; 6-29-8	 When spending time with the individual note if any special devices are needed to promote safety during emergencies. Note if the devices needed 	 Conversation with staff: Has there been an emergency or drill (fire drill) since the individual moved? If so, how did the individual do? Does the individual use 	 Review policies related to procedures and practices used during practice and actual emergencies or crisis. Review the individual's ISP or related documents for training

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- Is the individual's staff trained in implementing policies and procedures specifically for:
 - a. when and how to notify law enforcement agencies in an emergency or crisis;
 - scheduling and completing evacuation drills
 - c. what to do in emergency or crisis, such as tornado, fire, or snow.
- 2. Does the provider's emergency plan identify what the individual will do in the event of a fire or severe weather?
- 3. Are the individual's emergency numbers readily available?
- 4. If the individual requires alarms, visual signals, and/or other modifications to evacuate in the event of an emergency, are these available?
- 5. If an individual is medically or functionally unable to follow procedures for dealing with an emergency or crisis, is there documentation in the individual's transition and or support plan that outlines the provider's plans for supporting the individual in an emergency?
- 6. Is the individual and their staff trained in emergency plans?

or modifications to the physical environment) are present and functional.

- emergencies?
- Are emergency phone numbers available to all staff and individuals living there if applicable?
- Does the individual receive any specialized training to appropriately participate in emergency drills and evacuations?

- response.
- Review the training plans to determine if the staff supporting the individual has been trained to support the individual during emergency or crisis.
- Review the way the emergency numbers are displayed and how access is gained to those numbers (i.e., posted prominently, in a special book, etc.).
- Check the incident reports for that individual to determine if BDDS was notified of any emergency or crisis.
- Review documentation for drills.

- 7. Are data from safety drills reviewed and plans for follow-up implemented?
- 8. If a crisis and/or other public emergencies have occurred since the individual's move, were they reported to BDDS on an incident report form?



The Individual has the Best Possible Health

The individual's health care needs are documented, and needed health care supports are being consistently provided. There is a risk plan in place which addresses the major health care risks for the individual. Health care providers (primary and specialty) have been identified based on the individual's required support needs. Any emerging health concerns are acted upon in a timely manner by the staff and team. The new provider has a system in place to respond to acute health care needs and emergencies specific to the individual. Staff is trained and knowledgeable about the implementation of the individual's health care and risk plans. The individual receives medications and treatments safely and effectively under an organized system. Medications and treatments are being administered in accordance with applicable laws and recorded at the time of administration by trained and authorized staff. Only staff trained to competency is allowed to administer medications and treatments. Any therapeutic and adaptive equipment for the individual are available, fit and are in good repair.

Indicators	Spending Time With People	Conversations With People	Review of Documents
A. The individual has quality health care to meet their needs. Supporting regulations: 6-19-1; 6-25-1; 6-25-2; 6-25-4; 6-25-5; 6-25-7; 6-26-1; 7-5-8	Observe individual for any obvious signs and symptoms of health problems, i.e. listlessness, agitation, multiple bruising or abrasions, tremors, weakness etc.	 Conversation with the individual Have you been to see your doctor(s)? If so, what did your doctor tell you? What did the doctor tell you 	Compare the individual's ISP, transition plan, medical history and consult results since the individual's transition to identify chronic health/medical problems that require
 Are the individual's health care needs being coordinated and monitored by a team member identified in their individual support plan? Has the individual's health care providers (primary and specialists) been identified based on their needs and have appointments been made as 	 If the individual's plan indicates a treatment or health care activity is to occur during the monitor, observe the activity to determine if it matches what is supposed to be occurring according to records, i.e. implementation of a dysphasia plan during meal 	 about your health? Are you taking any medications? Did the doctor (s) tell you to do something special or different to manage your health? Do you know who to talk to if you are not feeling well? 	monitoring or intervention by provider staff. These should be in a written plan such as, a risk plan. The plan should identify when and how these activities should be carried out. Compare requirements for primary care and specialty health care providers in the

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identified in their transition plan?
3. If the individual has significant health care risks, do they have (Risk) plans that outline interventions and monitoring systems (and when appropriate include recommendations of health care providers)?
4. Can staff demonstrate implementation of the individual's health needs and (risk) plans?



Conversation with staff

- What health problems/concerns does the individual have?
- What symptoms do you monitor?
- What do you do when you observe the symptoms?
- What, who, and how often do you report to others symptoms you are monitoring?
- Do you know the results of the visits to health care providers since the move?
- Do you know who to contact or where to find health information about this individual?
- Can you describe the process you are supposed to use when an individual develops a health concern?
- Can you describe the process used here for making doctor appointments and what you do if you go to an appointment with the individual?

- transition plan with documentation of consultations that have occurred, or been scheduled.
- Look for evidence of :
 - Designated health care facilitator for current provider
- Review documentation for evidence of implementation of health processes for:
 - Scheduling appointments
 - Processing information resulting from appointments
 - Communication of health care information to all IST members
 - If there is no clear process or documentation, check to see if there are established policies/procedures from the agency to identify the source of the problem (lack of effective policy, or lack of implementation).
- Review training records to determine if staff currently on

			 What happens with information/prescriptions/ follow-ups/referrals after an appointment with the health care provider? How is information shared with other members of the IST team? Does this individual have a risk plan? What types of things are on the risk plan? Have you received training on the risk plan? 	•	schedule has been trained in health care needs/risk plan issues. Review incident reports for any reportable incidents related to health care issues since transition or last monitor.
В.	Data and documentation supports	Observe documentation	Conversation with the individual	•	Review progress and program
	evaluation of health care objectives and	efforts during monitoring. Is it	(In addition to the questions in A)		notes since the individual's
	promotes continuity of services and	done after an activity, i.e. after	What help do you need with		transition, to determine that
	supports.	a med is given or a meal is	(supply health issue here) i.e.		health care needs are being
		monitored, or does it seem to	walking, eating, medication,		monitored by the IST
	Supporting regulations: 6-19-1; 6-25-2;	be done at another time after	using special equipment?		(designated member).
	6-25-3; 6-25-7; 6-26-1; 7-5-8	the activity?	Do you get the help when you	•	Review notes for inclusion of
Pro	obes:		need it?		all significant health issues,
1.			 What types of health 		including chronic and episodic
	contain evidence of current and		information do staff ask you		health concerns. Notes
	relevant health care evaluations and		about, i.e. what you have		include information on degree
	screenings?		eaten, or elimination patterns,		of change or stability of health
2.			how you are feeling?		issues, and results of health
	results of health care evaluations and				care consults and
	screenings made after their transition,		Conversation with staff		appointments for the period
	including recommendations?		(In addition to questions in A)		being monitored.

- a. Does documentation show that the individual's support team has reviewed evaluations, screenings, and recommendations?
- b. If recommendations are not being implemented, is there documentation to support why they are not?
- 3. Does the individual's support or transition plan include a description of health care support needed?
- 4. Does documentation show that the individual consistently receives needed health care supports?
- 5. Based on the individual's health care needs/issues, are there documentation systems in place for tracking and monitoring their health care patterns (i.e., seizures, dysphagia, weights, bowel movements, sleep, intake, diet, adaptive equipment, etc.)?
- 6. Does documentation show that the individual's health care supports are reviewed routinely by an individual qualified to do so?
- 7. Is there evidence to support that data are used to assess effectiveness and progress towards achieving health care goals?
- 8. Are staff trained and can they demonstrate consistent, timely, and

- What kinds of health care information do you document regularly?
- Can you show me where you document this information?
- How did you learn these documentation procedures?
- Does anyone in the organization review your documentation, or do you report your results to anyone?
- Do you know what happens to the information you are asked to record on regularly?
- Who is the staff member who is responsible for coordinating health care for this individual?

- Review data tracked and determine if data tracked is consistent with identified health care needs listed in ISP, transition plan, and risk plan.
- Review health care recommendations to determine if the IST has reviewed recommendations and what action was taken.

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accurate documentation of health
supports given?

C. The individual receives medications and treatments safely and effectively.

Supporting Regulations: 6-9-4; 6-9-5; 6-10-7; 6-10-10; 6-14-4; 6-16-3; 6-17-3; 6-25-3; 6-25-4; 6-25-5; 6-25-6; 6-25-7; 6-25-8;

Probes:

- Is the individual provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders?
- Is the individual's staff trained in why medications are being administered?
 a. Does this training also include how to:
 - → administer medications and treatments?
 - → monitor side effects?
 - → recognize and prevent dangerous medication interactions?
- Does the individual's personal file contain appropriate documentation from all providers responsible for administering the individual's medication:
 - a. administration of medication.
 - b. individual's refusal to take

- Look for evidence that adaptive equipment is present and being used per program recommendations (i.e. adaptive equipment at meal time, use of communication devices, adaptive supports, eye glasses, hearing aids)
- Observe that adaptive devices are clean, in good repair and are functional.
- Observe a medication pass if there is a problem identified from medication errors, or a concern resulting from a past monitor.
- Check medications to determine if they are stored and secured as outlined in the ISP.

Conversation with the individual

- What help do you need with (supply health issue here) i.e. walking, eating, medication, using special equipment?
- Do you get the help when you need it?
- Ask the individual to show you the adaptive equipment or devises that are listed in the transition, ISP or support plan. Ask the individual to demonstrate how they work if appropriate.
- Do you take medication? If so, do you know why you need it?
- Do you take medication by yourself? Do you need help with this? If so what kind of help do you get? Do you have any concerns about your medications or treatments that you are now receiving?
- Do you sometimes refuse your medication or treatments (ask only if record review indicates)? Why is that?

- Review the MAR for :
 - Accuracy in recording
 - Adherence to established procedures
 - Completeness of information (medication name, dose, frequency, directions for administration if needed)
- Does the provider follow its written protocol for administering PRN medications and treatments, which include: administering medications as prescribed, recording the individual's response, and documenting according to the medication administration record?
- Does the provider have administration procedures that clearly outline staff responsibilities in medication administration, storage and handling, recording, medication errors, controlled substances?
- Review training records to

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medication.

- c. medication side effects.
- 4. If the individual has had any medication errors, adverse reactions or drug side effects, did staff promptly report and respond to the situation in accordance with the provider's policy and procedures?
- Unless otherwise included in the individual's self-administration procedures, are medications, including non-prescription drugs, stored:
 - a. In the original labeled prescription container
 - b. in a locked area at room temperature
 - c. in a locked area in the refrigerator if that is needed
 - d. separate from non-medical items
 - e. under prescribed conditions of temperature, light, humidity, and ventilation

Conversation with staff

- Does the individual have any adaptive equipment they regularly use? What is the purpose of the device?
- How did you learn to use it?
- Is there equipment that came with the individual that you do not use, or have not been taught to use?
- Do you give (name individual) medications? With the MAR ask the staff what condition each medication treats and what side effects are they looking for (just one or two). Have they seen any side effects? If yes, what did they do with that information?
- Is the individual capable of giving themselves their own medication, or being more independent in taking medication? Are they on a self-medication program?

- determine if there is a system for providing training for initial and periodic review in medication administration and transcription.
- Are staff working on the day of the monitor trained in medication administration. Are staff able to identify and give a description of the medication(s) given and major side effects?
- When an individual has been identified as being on a selfadministration program, look for evidence that the program is being conducted according to the plan.
- Through discovery on MAR or through incident reports, identify the presence/absence of medication errors. When errors are present, review records either in the home or facility office. Review for evidence of resolution to the error via: procedural change, education of staff, or evidence of monitoring interventions by supervisory/management

		 staff. When a problem is identified in any of the above areas, review the facility policies and procedures to identify source of problem (lack of effective policy, or lack of implementation of procedure and policy). Review for evidence that there has been a review by the designated health care facilitator of effectiveness or problems with medication and treatment on a periodic basis as determined by facility policy and procedure and regulation.
D. The individual's health needs are	Conversation with the individual	Review of documents
addressed in a timely manner when	What do you do when you	Review incident reports, daily
changes occur.	feel sick?	logs, and progress notes, to
	 Does staff help you when you 	see if reportable
Supporting Regulations: 6-17-3; 6-19-1;	get hurt or do not feel well?	incidents/medical
6-19-6; 6-25-3; 6-25-7; 6-25-8; 6-25-9	What are some of the things	emergencies were processed,
Probes:	they help you with?	if problems were acted upon
1. When the individual has physical or	What happens when you go to	in a timely manner, and
behavioral changes, complaints of	a doctor's appointment, do	investigated and resolved as
illness, accidents and injuries, does	staff help you with that?	needed.
support staff recognize and report	Is there a nurse that comes to	When a problem is identified
these events within 24 hours to the	your house? Do you talk with	in this area, review the facility

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- individual identified in the ISP as responsible for overseeing the individual's health care?
- 2. Does the provider have a process for ensuring acute health changes are assessed by a qualified health care practitioner in a timely manner?
- 3. Does the individual's health care support staff recognize the need for timely transfer to alternative care and treatment?
- 4. Does the system for ongoing communication between the individual's health care support staff, and outside health care staff, promote continuity of care?
- 5. Does the individual's personal file document hospital summaries that include the discharge diagnosis, current health status, necessary follow-up instructions, and any restrictions or limitations?
- 6. To provide a clear picture of the course of the illness or injury, the treatment provided, and the individual's current status from the time of identification through resolution does the individual's personal file document any:
 - a. acute health changes
 - b. monitoring completed
 - c. results of interventions

the nurse about your health or when you are sick?

Conversation with staff

- What health issues of the individual do you have to be most concerned about?
- How do you know they are getting sick? What do you need to watch for?
- When the individual gets sick, what do you do? (action taken, notifications, record keeping).
- When the individual gets hurt or injured, what do you do? (action taken, notifications, record keeping).
- When you take someone to a doctor's appointment or other health care provider, do you bring anything with you? What typically happens at the appointment? Do you get any written information from the doctor? If so, what do you do with it? Are you supposed to write anything about the appointment or tell anyone about the appointment or the

- policies and procedures to identify source of problem (lack of effective policy, or lack of implementation of procedure and policy).
- Review risk plans to determine if current health concerns are in plan and match practice as told by staff.
- Review medical records to determine if documentation from doctors' appointments, hospital or ER visits, or other health care providers has been accomplished according to needs.
- Review IST/nursing progress notes to see if new health care concerns have been assessed and any needed changes have been reflected in risk plans, or ISP plan of care.
- Review training records if new health care concerns require a change in health care actions of the staff.

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- 7. Are the health care supports in the individual's support plan modified in a timely manner based upon acute health changes?8. If necessary, has the individual identified in the ISP as responsible for
- identified in the ISP as responsible for overseeing the individual's health care developed tracking record(s) for all providers to use to document the individual's health issues (i.e., seizures, asthma, blood glucose, etc.)?

results?

- Does a nurse come to the house? How often? What types of things does the nurse check or ask staff?
- When there is a need to give a "prn" medication or treatment, what happens? Who decides? What is the process? How does it get recorded?
- How are routine/periodic appointments, labs, etc managed?
- Have you met with or talked to other members of the IST team regarding the status of (name individual) health or health care needs? What was discussed?

E. The individual's staff immediately recognizes and responds to medical emergencies.

Supporting Regulations: 6-14-4; 6-29-3 **Probes**:

- Do all staff in direct contact with the individual receiving support have a minimum of First Aid, CPR and general
- Review medical equipment in the home to meet the individual's needs.
- Is the equipment accessible when needed?
- Is emergency medication available in the right dose and quantity?

Conversation with the individual

- Have you had to go to the hospital or emergency room since you have been here? What happened that you needed to go?
- Is there something you are supposed to do to prevent another emergency of this
- Review incident reports, daily logs, and progress notes, to see if reportable incidents related to medical emergencies were processed, if problems were acted upon in a timely manner, and investigated and resolved as needed.

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medication training, including how to recognize harmful side effects?

- 2. As identified in the individual's support or transition plan, is emergency medical equipment available, well maintained, clean, and functional to respond to a potential emergency?
- 3. If an emergency occurred; were medical emergency responses implemented effectively and decisively?

type?

Conversation with Staff

- Has (name individual) had a medical emergency since transitioning? What was the emergency? What was done?
- As a result of that emergency, was anything changed about how you are supposed to care for (name individual)?
- Have you been trained in First Aid, CPR?
- Are there special emergency procedures that need to be done because of special risk factors (choking, seizures, and allergic reactions)?

- When a medical emergency has occurred, is there evidence in the record of a team review to assess the need for a change in approach to prevent or minimize the occurrence of future emergencies.
- When a problem is identified in this area, review the facility policies and procedures to identify source of problem (lack of effective policy, or lack of implementation of procedure and policy).
- Review training records. Have all staff been trained in CPR and First Aid?
- If a special need in emergency response (i.e. seizure management, or allergic reaction) has been identified as a risk for the individual, are procedures in place for this response and have staff been trained in these procedures?

The Individual Receives Positive Behavioral Supports

Individuals who display behaviors that are harmful to self or others are provided behavioral support services from a behavior clinician and implemented by all service providers in the new setting. The behavior support plan has been modified as needed to reflect needed supports in the individual's new environment. A behavior support plan (BSP) should be directly based on the information of a functional assessment of target behaviors: the plan should be technically sound (consistent with the principles of human behavior; the plan should be a good fit with the resources, skills and routines of the people responsible for implementation). The BSP must include 1) operational definitions of problem behaviors, 2) prevention strategies, 3) plan to teach replacement behaviors and new adaptive skills, 4) procedures that reward positive behavior and minimize reward from problem behavior, 5) safety/emergency intervention plan outlining what to do if/when problem behaviors occur, 6) data collection system, and monitoring and evaluation process. If an individual receives psychotropic medication, the BSP must include a monitoring and reduction plan. Plans with restrictive strategies and psychotropic medications require informed consent and review by a Human Rights Committee in addition to the IST.

Indicators	Spending Time With People	Conversations With People	Review of Documents
A. The individual receives positive	 During the monitor, observe 	Conversation with the individual:	Review the individual's
behavioral supports.	the individual's behaviors and	What kind of mental health	behavior support plan. Is it
	staff interactions/responses to	and/or behavioral supports do	based on information from a
Supporting Regulations: 6-10-10; 6-10-	the behaviors.	you receive?	functional assessment? Has
13; 6-14-4; 6-17-3; 6-18-1; 6-18-2; 6-18-	 Look for any procedures being 	Conversation with staff:	the functional assessment ruled
3; 6-18-4; 6-18-5; 6-18-6; 6-19-6; 6-35-	implemented that have not	Does the individual display	out medical causes for the
7; 7-5-8;	been through due process.	behaviors that are harmful to	behavior?
Probes:		them or others?	Is there a clearly stated reason
If the individual causes injury to		 Do they display other behaviors 	(hypothesis) for what is causing
himself/herself or others, does he/she		that you are concerned with	the behavior?
receive supports through a behavioral		that are not addressed in the	Does the plan include teaching
support plan (BSP)?		BSP?	replacement behaviors related
2. Has the individual's BSP been		Have you observed any	to the function (reason) of the

- developed by a qualified professional and/or someone who knows the individual well across all settings?
- 3. Is the BSP based on a functional assessment of the individual's behavior within the context of their new environment(s)?
- 4. Does the BSP include:
 - → teaching functionally equivalent behavior strategies?
 - using non-aversive strategies to support the individual in learning functional and useful replacement behaviors?
- 5. Has the BSP been implemented only after the team has ruled out physical and environmental issues contributing to the individual's behavior?
- 6. Is only support staff with prior training responsible for implementing the BSP?
- 7. Does staff documentation include descriptions of:
 - → what precipitated the targeted behavior
 - → activities that helped alleviate the targeted behavior
 - → date/time that targeted behavior occurred
 - → length of time targeted behavior lasted

- problem behaviors since the individual moved? How often do the behaviors occur?
- Have the behaviors resulted in injury, restraints, PRN medication, law enforcement involvement, etc. If so, review the incident reports, behavioral data, team meeting notes, etc.
- Do they have a behavior support plan that addresses their problem behaviors?
- Talk with them about their knowledge of the plan and interventions, including teaching replacement behaviors. Do they believe the plan addresses the problem behaviors and is effective?
- Are data being collected and does that data demonstrate effectiveness of the procedures?
- What kind of data and documentation are you responsible for keeping? Ask to see the documentation.

- individual's behavior?
- Is there a documentation system for tracking and monitoring behavior?
- If the BSP was written prior to the individual's move, has the team reviewed the plan to determine if it is appropriate in their new environment? If not, is a new functional assessment and plan in process? Has the team developed interim procedures to keep the individual and others safe until an assessment and plan is developed?
- Is there evidence that the "sending" agency's IST was involved in the planning of the ISP with the "receiving" agency's IST?
- Is there documentation to show that the Case Manager, Behavior Clinician and IST are monitoring the individual's behavior/progress and making revisions in the individual's plan when warranted to address their problem behaviors? Review behavioral data,

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- 8. Does the provider have a system to monitor the implementation of the behavior support plans?
- 9. If the individual has had a behavioral emergency, did the provider implement policies and procedures that ensured a rapid, effective, and appropriate response?

- During your monitor look to see if there are restrictions that affect other people (i.e. locking up food, sharps, individual's
- Look for any signs of locking devices or alarms.

items, etc.)

- Look for chairs (geri) or other furniture that can double as a restraining chair.
- Look for small, bare rooms that can double as timeout rooms.
- Look in locked storage cabinets or closets for individual's private property.
- Look for locked drawers where

- monthly/quarterly summaries completed by team members.
- Are data being kept for replacement behavior?
- Review shift-change notes or records to learn of behavioral episodes during shifts.
- Review any reportable incidents involving the individual being surveyed to determine any behavioral procedures used during the incident.

B. The individual is free from unnecessary, intrusive interventions.

Supporting regulations: 6-9-2; 6-9-3; 6-9-4; 6-9-5; 6-10-13; 6-14-4; 6-18-2; 6-18-3; 6-18-4; 6-18-6; 6-18-7; 6-19-6; 6-25-3; 6-35-1; 6-35-2; 6-35-8

Probes:

- Does the individual receive only the amount of behavioral and medical support necessary to prevent harm to self or others?
 - a. Is the individual monitored for drug side effects on a regular, systematic basis?
 - b. Is there a medication reduction plan?

Conversation with Individual:

- Do these supports involve the use of any restrictive techniques such as restraint and time-out?
- Are there any general practices or rules you must abide by?
- Are there any practices like taking your things and putting them away so you may not use them when you want to?
- Do you have to ask a staff to unlock your things that are locked up?
- Do you have any alarms on your doors in your home?

- If the individual is on psychotropic medication and /or any restrictive procedures are being used, is there a reduction plan outlined?
- If there are intrusive or restrictive procedures (including medication) being used is there is documentation for informed consent and HRC approval? Does the behavior support plan outline reduction plans for restrictive procedures?
- Is the use of restraints documented?

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- 2. Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective?
 - a. Is it also clear that the severity of the individual's behavior justifies incorporating highly restrictive/intrusive procedures into the BSP procedures including, but not limited to, physical restraint, psychoactive medication, and/or timeout?
 - b. Has this evidence been made clear? Is there documentation?
- 3. If the individual has a behavior intervention plan that includes highly intrusive procedures or other restrictive techniques, did the individual or the individual's legally authorized representative provide prior written informed consent?
- 4. If the individual has had restraint devices or restraint procedures, were these applied only by staff that can demonstrated how the device or procedure should be used?
- 5. Does the individual's behavior support plan integrate all strategies and supports used to reduce behavior, intrusive/restrictive procedures, including psychopharmacologic supports?

- sharp knives or kitchen utensils might be kept away from the individual.
- Look for" house rules" that restrict an individual's access to the environment in any way.
- Note if any restrictions are applied to the individual that might restrict any personal property.

Conversation with staff:

- Does the individual have any restrictive or intrusive procedures in the behavior support plan? If so, what are they?
- Have any of these restrictive procedures or other procedures not in the individual's plan, been used since the individual moved?
- How are restrictive or intrusive procedures documented?
- What training have you received on the use of restraints and other restrictive procedures?

- Is there documentation on the use of restrictive procedures?
- What training has staff had?
- Is there documentation of IST review following the use of restraints and other restrictive procedures?
- Is there documentation showing that the individual's medications are reviewed by the IST?
- What kind of information is shared with the psychiatrist? How is medication changed and how are changes communicated with staff?
- Is documentation kept on medication side effects?
- Review any injury reports to determine if injuries occurred during the implementation of a behavioral procedure or use of a behavioral device.

- 6. Does the provider regularly and systematically monitor the individual for adverse effects of all intrusive/restrictive procedures, including drug side effects?
 7. If the individual has had an emergency behavior intervention, did the individual's support team meet no more than 5 days later to review and determine next steps?
 - a. Has the support team documented its assessment of the use of the emergency measures?
 - b. Did the support team decide if the incident and the emergency measures were isolated and will likely not be repeated?
 - c. Did the support team decide if the incident and emergency measures were part of an increase in behavioral patterns and will likely be needed again?

The Individual is Free from Abuse, Neglect, Mistreatment and Exploitation

The individual is safe in his/her new home, and free of abuse, neglect, mistreatment and exploitation. The provider has given the individual information and insured the individual understands his/her right to be free from abuse, neglect, mistreatment and exploitation, and how to report their concerns. Staff is trained and knowledgeable on what constitutes abuse, neglect, mistreatment and exploitation, and knows how to report allegations of abuse and neglect. The provider implements policies and procedures that define, prohibit, and prevent abuse, neglect, mistreatment and exploitation. The policies outline procedures for reporting and investigating possible abuse and neglect.

Indicators	Spending Time With People	Conversations With People	Review of Documents
A. The individual is free from abuse,	Observe ways in which people	Conversation with the individual:	Review the policies and procedures
neglect, mistreatment and exploitation. Supporting Regulations: 6-9-2; 6-9-3; 6-9-5; 6-18-2; 7-5-8	 are being treated by others. Are staff interactions respectful and positive? Do people strike out at others? 	 Have you experienced any injuries since you moved? If so, what caused it? Have you been hurt by 	to determine if there is a practice to give individuals information regarding being free from abuse, neglect, mistreatment and
<i>Probes:</i>1. Has the individual been provided understandable information about their	Note any injuries that the individual may have and ask about how it happened.	anyone?Does anyone yell at you?If you have been hurt by	exploitation. Check the Transition and Risk plan
rights to be free from abuse, neglect, mistreatment and exploitation? 2. Is the individual supported to report	Is the individual reluctant to approach staff or others in the	someone or yelled at, whom did you tell? What did the	and ISP to determine if the person has supports provided to address effects of abuse if the person has
allegations of abuse, neglect, mistreatment and exploitation?	environment?Does the individual cower or back away when others	individual do about it?Has anyone tried to take your money or things away, or try	been subjected to abuse.
3. If the individual causes injury or harm to himself or others, does the individual receive supports to replace those	approach them?Is staff frequently giving demands or commands?	to get you to give away your money or things to them? • What does it mean when	
behaviors? 4. If the individual has been subjected to	Are people given choices?	people ask you if you have	

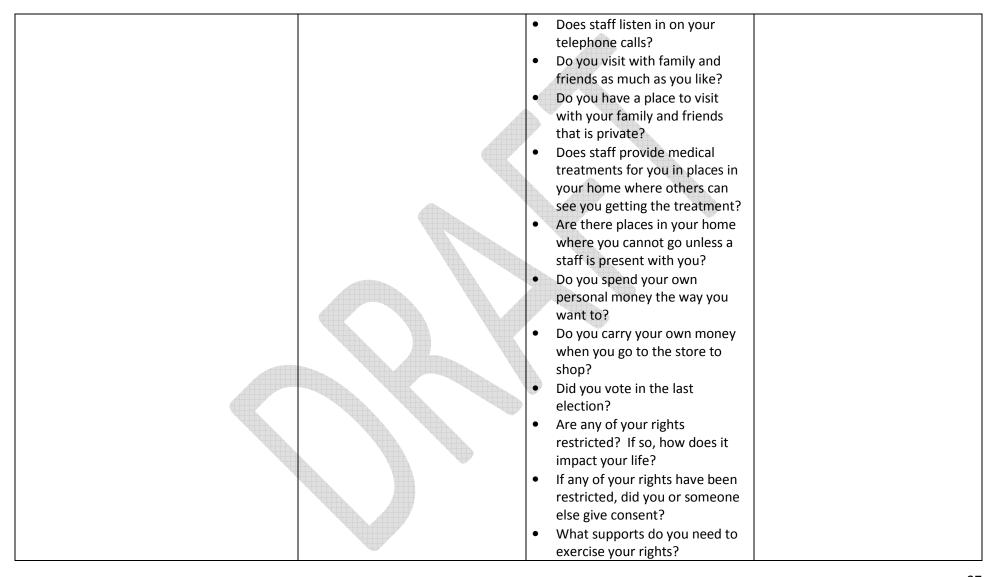
abuse, neglect, mistreatment or exploitation, does the individual receive full supports to mitigate the effects? a. Has the individual been afforded supports to address the effects of the abuse even if: → the abuse occurred before entering into the provider's system? → the perpetrator is another individual who receives supports from the	Are people reinforced for positive behaviors or is staff frequently telling them what not to do?	 been abused, neglected, exploited? Whom would you tell if you were abused, neglected or exploited? Have you ever been abused, neglected or exploited? Do you feel you need support now to help you with what happened before? 	
provider?		 Conversation with staff: Are you aware of any current needs the individual has related to past incidents of abuse, neglect, mistreatment or exploitation? Ask the staff to explain their practice when an allegation is made against someone. Determine if staff knows about reporting requirements, investigation requirements and protection of the individual that is required. 	
B. The individual's support staff knows how to prevent, define and report allegations of abuse, neglect, mistreatment and exploitation. Supporting Regulations: 6-9-2; 6-9-3; 6-9-5; 6-14-4; 6-16-2; 6-16-3;		 Conversation with staff: Has this individual ever told you about being abused, neglected, mistreated or exploited? If so, what did you do in response? 	 If there has been an allegation of abuse, neglect or exploitation for that individual, ask to see the incident report and any other documentation

Probes:	What is your role in assisting	related to reporting and
1. Has the individual's support staff	the individual to exercise their	investigation of the incident.
received training over the past year on	right to report abuse, neglect,	 Review staff training records
what constitutes abuse, neglect,	mistreatment or exploitation?	
mistreatment and exploitation?	What do you do if you observe	
a. Does this training include how to	someone being abused,	
prevent, define, and report incidents	neglected, mistreated or	
of abuse, neglect, mistreatment, and	exploited?	
exploitation?	 To whom do you report the 	
2. Can staff define abuse, neglect,	incident to?	
mistreatment and exploitation, and		
describe reporting procedures?		
3. Does the provider report all required		
events to the BDDS office within 24		
hours?		
a. To APS?		

The Individual's Rights are Protected and Promoted

The provider supports the individual to exercise their rights and responsibilities. Any supports in the new environments that may restrict the individual's choice, freedom of movement, or privacy, are reviewed by the team. If needed, the individual is provided training and support to make choices and exercise their rights. The individual's need for and scope of advocacy, and guardianship is assessed and modified as required by the new setting. Informed consent and HRC approval have been obtained for any interventions or treatments that are restrictive, intrusive and infringe on the individual's rights restrictions (i.e. interventions provided to other people that infringe on the individual's rights, i.e. Door alarms, money, diets, etc).

Indicators	Spending Time With People	Conversations With People	Review of Documents
A. The individual is supported to exercise their rights and responsibilities Supporting regulations: 6-8-2; 6-8-3; IC 12-27 Probes: 1. Has the provider assessed the individual's abilities to exercise their rights, especially those rights that are most important to them? 2. Is the individual provided needed supports to exercise the rights that are important to them? 3. Does the individual have access to personal possessions, use of the phone, visits with family and friends, money, food, etc.?	Look for ways that people are exercising their rights. Do they move freely? Is the phone accessible? Do they have access to their personal possessions? Are there areas in the home that people are restricted from? Are there cabinets or closets that are locked? Are there any restrictions that impact everyone?	 Conversation with the individual: What do you know about your rights as a citizen? What have you been told about your rights since you moved into this house? What rights are important to you? Are there things you want to do that you have been told you cannot do? Were you allowed to do things where you lived before that you cannot do now in your new home? What are they? Does anyone open and read your personal mail? 	Review of Documents



			Conversation with staff:	
			Has the individual's	
			ability/priorities to exercise	
			their rights been assessed?	
			How have you learned about	
			the individual's rights and how	
			do you know those rights are	
			important to the individual?	
	taff recognizes and honors the	Look at staff interactions with	Conversation with staff:	 Review staff training records
in	idividual's rights.	people to see if they promote	What rights are important to	
		choice and decision-making.	the individual? How do you	
	upporting regulations: 6-8-2; 6-8-3; 6-	 Does staff respect people's 	know this?	
8-		privacy?	What is your role in supporting	
Probe		 Does staff block people's access 	people to exercise their rights?	
	re staff trained to recognize and	to areas of the home?	What progress has been made	
	espect people's rights?		by the individual in learning	
	re staff trained in procedures for		that necessary skill?	
-	lacing a limitation or restriction on an		What are some choices and	
	idividual's rights?		decisions that the individual	
3. Do	o staff demonstrate respect for and		makes in their daily routine and	
ho	onor people's rights?		life?	
			What training have you	
			received on people's rights?	
C. Th	he provider upholds due process		Conversation with staff:	Review the behavior support
re	equirements.		If the individual has any rights	plan if there are restrictive or
			restrictions, have they been	intrusive procedures.
Sı	upporting regulations: 6-8-3			Ask to see written informed
			Have rights restrictions that	consent and HRC approval.
Probe	es:		affect everyone been reviewed	 Look to see if there is any
1. De	oes the provider have, or have access		by HRC?	documentation for the use of

- to, a working and effective Human Rights Committee (HRC)?
- 2. Has the HRC reviewed any policies, procedures and practices that have the potential for rights restrictions without an individualized assessment (such as blanket restrictions that affect more than one individual)?
- 3. Has informed consent and HRC review and approval been obtained for the use of any restrictive or intrusive interventions that are a part of a behavior support or medical plan?
- 4. Are staff trained in due process procedures?

- Does the individual have a behavior support plan or any other plan that is intrusive or restricts the individual's rights?
 If so, has the plan been reviewed and approved by HRC.
- What measures are in place to restore rights for people who have rights restrictions?

- restrictions and intrusive procedures.
- Are restrictions in the individual's ISP?
- Look for evidence that Human Rights Committee has reviewed restrictive practices in the home.



The Individual Has Meaningful Day Supports and Services

Services and supports assist the individual in transitioning successfully to his/her new environments, and assist the individual to achieve his/her goals and desires in this setting. The individual's preferences and goals are identified in their ISP. Supports are in place for the individual to make choices about the kinds of work they prefer and want to do. Staff is trained and has the skills to implement the individual's goals as outlined in the ISP. Supports and services needed to implement an individual's goals are detailed regarding when, where, and how needed supports and services are provided. The individual's daily routine reflects the implementation of preferred activities in the frequency desired.

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Indicators	Spending Time With People	Conversations With People	Review of Documents	
A. The individual has meaningful work and activity choices. Supporting regulations: 6-19-1; 6-19-5; 7-4-		Conversation with the individual: What are your goals and desires?		
2; 7-4-3; 7-4-4; 7-5-5; 7-5-8;	XXX	 What kinds of activities do you enjoy? Do you have a job? How did you choose where to work? 		
Probes:				
 Has the individual's preference been identify for the kinds of work and recreational activities they want to do? Is the individual receiving the support to make choices about the kinds of work and activities they prefer? 		 Are you happy with your job? What kinds of things are you learning to do for yourself? Do you choose the activities you want to do? Are you getting the support 		
3. Are services and supports for the individual focused on assisting them to achieve their goals and desires? Are they identified in the individual's ISP?		that you think you need? Conversation with the staff: Has a satisfaction or preference assessment been completed for		

Are activities and work options age appropriate and culturally normative?		 this individual? Based on that assessment, what kinds of activities does the individual enjoy doing? How often do they do these activities? Other than the assessment, how did you learn the individual's preferences? How do you know if the individual likes a particular activity? What are the individual's goals? How is the individual supported to achieve their goals? 	
B. The provider provides continuous and consistent services and supports for the individual	Observe interactions between staff and the individual to see how staff support people in making choices (what food to	 Conversation with people: How do you spend your day? Are you doing activities that you enjoy and to the extent you 	 Review the ISP, transition plan, training programs and data sheets. Are the individual's goals being implemented?
Supporting regulations: 6-13-1; 6-14-4; 6-19-6; 6-24-1; 6-24-2; 6-26-6; 7-4-4; 7-4-5;	shop for, meals, waking and bed times, bathing times, how to use his/her leisure time etc). Observe for engagement and	 want? Do you follow a schedule? Is it your schedule, or has someone else made it for you? 	 Is there documentation that reflects how the individual spends their day? Is the individual doing the things they
Probes:1. Are the individual's transition, risk and interim support plans current and present?2. Has the ISP been updated since the individual's move or has a meeting been	teaching within the normal rhythm and routine of the day. • Look to see if needed supplies and adaptive equipment for the individual are present? Are they in good repair?	 Conversation with staff: Describe how the individual spends their day. How is the individual's routine different from others? What are some things the 	 enjoy? Is there a documentation system for monitoring the individual's progress on goals and objectives?

	scheduled to update it.		individual is learning?	
3.	Are supplies necessary for	•	When do the teaching	
	implementation of the individual's		opportunities occur?	
	transition, risk and support plans	•	Describe the teaching method	
	available?	4	for a skill the individual is	
4.	Has staff received training in skills and		learning.	
	abilities needed to implement the	•	How and where do you	
	individual's supports and goals outlined		document the individual's	
	in their transition, risk and support		progress?	
	plans?	•	If an individual is not making	
5.	Are staff documenting that they are		progress on a teaching	
	providing services and supports in	1	program, who do you tell?	
	accordance with the individual's	•	How are important events (like	
	transition, risk and support plans?		medication changes, illness)	
6.	Are the individual's preferences		that impact the individual	
	reflected in their daily routine?		communicated to all staff and	
7.	Does the individual's daily routines		team members; across	
	include when, where and how needed		environments and others	
	services and supports are provided?		important to the individual?	
8.	Does the provider have a system to	•	Show me the individual's ISP.	
	respond to changes in daily routines,		How is the implementation of	
	whether the changes occur due to		the ISP monitored?	
	individual's requests or to other	•	How were you trained in	
	reasons?		supporting the individual in	
9.	Does the provider have a system for		achieving their goals outlined in	
	ensuring important events that impact		their ISP?	
	the individual are effectively			
	communicated between assigned staff,			
	among team members, across different			
	environments and to others important to			
	the individual?			

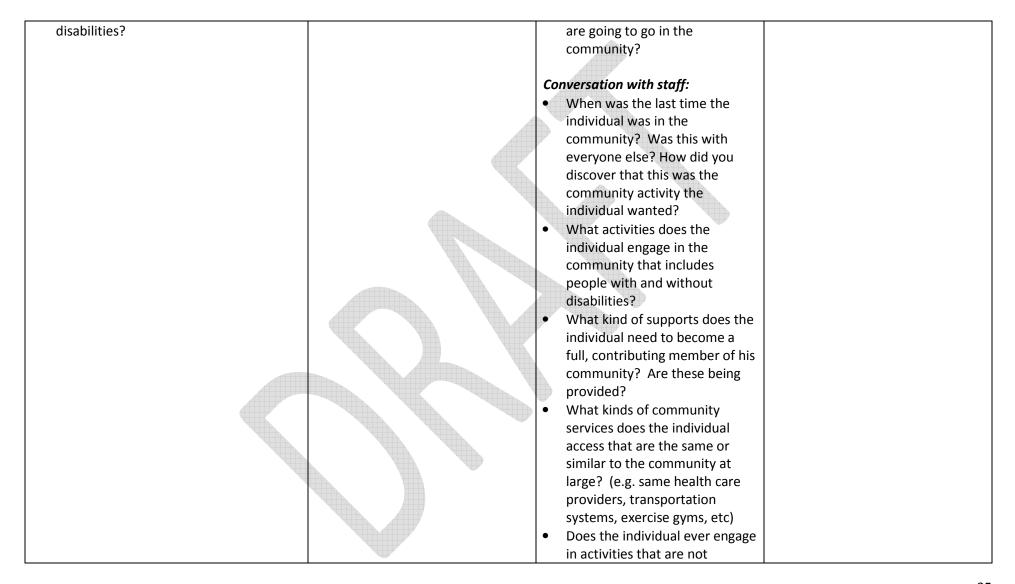
- 10. Does the provider have a system to monitor implementation of the individual's ISP?
 - a. Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate people's progress?
- 11. Does the provider ensure that appropriate, as needed transportation is available to support the individual?



The Individual Has Supports for Community Integration

The individual is provided the opportunity to make choices from an array of options regarding community involvement. There are sufficient supports in place for the individual to be safe, successful and to be in the community to the extent that they want. The individual has the opportunity to access community services similar to the community at large. The individual has the opportunity to participate in activities that include both people with and people without disabilities

Indicators	Spending Time With People	Conversations With People	Review of Documents
A. The Individual is a part of his/her		Conversation with the individual:	 Is there a system for supporting
communities		 Where do you go in the community? How often do you 	the individual with planning activities regarding where they
Supporting regulations: 6-24-1		go somewhere?	want to go, when they want to
		Who do you spend time with?	go and with whom they want to
Probes		 Do you go to church or belong 	spend time?
1. Is the individual provided the		to a club?	 Look at the individual's record
opportunity to make choices from an		 If you do, are there any 	to see how the individual's
array of options regarding community		responsibilities you have as	community involvement is
involvement?		part of your membership or	documented.
2. Are sufficient supports in place for the		participation?	
individual to be safe and successful and		Who would complete your	
to be in the community to the extent		responsibilities if you were not	
they want?		there?	
3. Does the individual have the opportunity		Did you choose the medical	
to access community services similar to		clinic or doctors you see?	
the community at large?		 Do you go to a barber (beauty) 	
4. Does the individual have the opportunity		shop to get your hair done?	
to participate in activities that include		Do you make your own	
both people with and people without		schedule and decide where you	



exclusively for people with disabilities?
How are activities planned?
Ask what activities are
scheduled for the
evening/weekend day.

